

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani
Janet Bramley

DATE: February 18, 2000

RE: Caseload Segregation/Integration in Vermont and Utah

We are pleased to note that Vermont's analysis of caseload segregation/integration among child-serving agencies is beginning to be replicated in other states. The attached graph presents the results of a comparison of the level of caseload segregation/integration between community agencies with similar responsibilities in Vermont and Utah. Results are compared for two fiscal years. The Vermont results are the level of caseload overlap between community mental health children's services programs and the caseload of the state Department of Social and Rehabilitation Services. In Utah, the responsibilities of Vermont's Department of Social and Rehabilitation Services are divided between two state agencies: a Division of Child and Family Services and a Youth Corrections Agency. In order to provide comparable measures of caseload segregation/integration across states, the caseloads of the two Utah agencies have been combined and the caseload segregation/integration between the mental health service system and the combined caseload was computed.

The results of this analysis indicate that most regions in Vermont have much more caseload integration than most regions in Utah, although there are some exceptions. Considering only 1997, for example, Utah's Valley region (Salt Lake City) had more caseload integration than four of Vermont's regions did. During that same year, Vermont's Chittenden County region had less caseload integration than three of the Utah regions did.

If you refer to the state by state mental health expenditure data that was distributed last week, you will find that Vermont's per-capita expenditures for community based children's programs are many times greater than Utah's.

Concern for increasing service system integration seems to have arisen more recently in Utah than in Vermont. We hope to be able to report on their progress in increasing caseload integration in conjunction with our continued monitoring of caseload integration in Vermont.

A more detailed discussion of these results will be the topic of the PIP Brown Bag Presentation on Monday March 20. As usual, the Brown Bag will be at noon in the Cyprian Learning Center in the Basement of the Osgood Building in the State office Complex in Waterbury. If you are interested in learning more, I hope you will be able to attend. In the meantime, we look forward to your comments and questions to 802-241-2638 or e-mail to jpandiani@ddmhs.state.vt.us.

2 Sector C-SIR (MH & Social/Rehab) in VT and UT FY 1997 and 1998

